

## **CERTIFICATE OF MAILING BY FIRST CLASS MAIL (37 CFR 1.8)**

Serial No. 09/916,136 Filing Date: July 26, 2001 Examiner: Shengjun Wang Group Art Unit: 1617 Docket No. SO3357/1

Date of Deposit: August 23, 2005

I hereby certify that these papers or fee is being deposited with the United States Post Office to Addressee service under 37 CFR 1.10 & 1.8 on the date indicated above and is addressed to the Commissioner for Patents P.O. Box 1450, Alexandria, VA 22313

Petition for Extension of Time under 37 CFR 1.136(a) Copy of Utility Patent Application Transmittal Return Post Card

Linda Haley
(Typed or printed name of person mailing paper or fee)

(Signature of person mailing paper or fee)

COPY

PTO/SB/05 (06-03) Approved for use through 07/31/2003, OMB 0651-0032

	Under the Paperval Reduction Red of	1995, no persons are required to	U.S. Patent and Trades respond to a collection of inform	mark Office: U.S. DEPARTMENT OF COMMERCE ation unless it displays a valid OMB control number	
LITH ITV	,	Attorney Docket No	D. PCSO3357/	3	
PATENT APPLICATION NOTES		First Inventor	Ricardo Ro	Ricardo Rocha	
TRANSMITTAL		Title		Aldosterone blocker therapy to prevent or treat inflammation-related disorders	
(Only for new nonprovisional applications under 37C.F.R. §	1.53(b))	Express Mail Label	No. EV5807546	86	
APPLICATION ELEMENTS See MPEP chapter 600 concerning utility patent application contents.		Commissioner for Patents  ADDRESS TO: Box 1450  Alexandria, VA 22313-1450			
See West Prospect out concerning funity parent application contents.   Alexandra, Va 2233-1430					
Prior application information: ExaminerWang, Shengjun Group/Art Unit: 1617  For CONTINUATION OR DIVISIONAL APPS only; The entire disclosure of the prior application, from which an oath or declaration is supplied under Box					
5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference.  The incorporation <u>can only</u> be relied upon when a portion has been inadvertently omitted from the submitted application parts					
19. CORRESPONDENCE ADDRESS					
Customer Number 26648 or Correspondence address below					
Name					
Address					
City	State		Zip Code		
Country	Telephone		Fax		
NAME (Print/type) Joseph R. Sch		Registration No. (A	Attorney/Agent)	48,180	

Signature

| Date | Dat